Commentary

Death of a Doctor

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What quality of care will physicians receive from colleagues when they face their final hour? Will they be treated as Jim was?

Jim was my friend for 34 years. His generosity, compassion, and infectious enthusiasm had few boundaries. He was devoted to patients in his large general practice in this small southern California coastal city, responding to their needs day and night. Many, born with his help, remained his patients and, in turn, gave birth to their own children for whom he provided continuing care. The local private community hospital was a continuous beneficiary of his support and loyalty.

Jim began to experience shortness of breath at higher altitudes of the Sierra, consulted a physician specialist in pulmonary diseases, and was treated with steroids. His condition steadily worsened, and the terrible diagnosis was made—progressive idiopathic pulmonary fibrosis. The cause is unknown, and there is no specific treatment. The process was relentless. Steroids caused demineralization of his skeleton. He soon required a cane to walk short distances.

Jim's physician told him he was "grasping at straws" if he thought there was anything else to be done, and he, the physician, was spending too much time with this problem, and Medicare was complaining about the cost. (Traditionally, Jim and most physicians of his generation have taken care of colleagues, their families, nurses, and members of the clergy free of charge.) Jim, deeply offended, felt he could not remain under the care of such a physician.

Aware of Jim's plight, I gained his permission to call a prominent pulmonologist from another community. Jim was admitted to a hospital at once. In addition to his primary pulmonary problem, he suffered steroid poisoning. Critically short of breath and emotionally devastated, he was saddened over not being in his cherished local hospital. His new physician did not have privileges there and possibly would not have gone there anyway.

During his short period in the hospital, Jim's condition steadily worsened. Oxygen was provided around the clock. His family maintained a vigil at his bedside. I visited him frequently and, to my astonishment, found his physicians were apparently too busy to attend to his needs for adequate medical and emotional support. His family was reluctant to call his doctor when there were questions about his acute distress. His wife seemed to be intimidated by the physician and his partners. I called his doctors on several occasions, asking for attention to Jim's desperate condition. Usually these calls were not answered for hours. In the meantime, Jim suffered, gasping for air for hours each day, he and his family panic-stricken.

His admitting physician had left his patient for several days to attend an out-of-town computer meeting for the hospital. His partners displayed no real interest in Jim, his problems, or those of his family.

Jim died of suffocation.

Could sympathy, compassion, and concern for physical and emotional distress have been neglected in the medical training of some younger physicians? Perhaps physicians who cannot, or will not, include these qualities in the care of their patients are not solely to blame for such omissions.

It is too easy to share responsibility for a diagnosis or outcome with results from million dollar instruments and the highly skilled, narrowly trained physicians in charge of them. Yet, those "superspecialists" are seldom, if ever, able to offer needed comfort and emotional support to patients and their family members.

This serious, complex, and important problem deserves attention from all physicians and medical educators:

- Are medical schools to blame? Are there defects in the selection process for medical students?
- Are older practicing physicians to blame? Positive example can be a powerful teaching tool in human behavior.
- Could greed be driving physicians to the most efficient use of their time at the expense of quality care for their patients?
- Should the often-expressed "time is money" be an acceptable guide for physicians as they administer medical care?

There is hope. Some medical schools now require students to spend a few days in hospital wards as patients. The goal is to increase sensitivity to the concerns and apprehensions of patients and their family members.

Perhaps, as medical fees moderate, greater importance will be placed on conscientious, considerate, and sympathetic care by physicians. Final answers must lie within the heart of each physician.

Again, the question: What quality of care will physicians receive from colleagues when they face their own final hour? Will care be any better than that received by my friend Jim?

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